

**MEMO ENDORSED**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA,  
PLAINTIFF

VS.

CASE NO. 1:17-CR-00302-KPF-2

MOHAMMAD ABDELELAH  
AL BARBARAWI,  
*Defendant*

APPOINT PUBLIC DEFENDER

Dear Honorable Katherine Polk Failla,  
I hope this letter finds you well. I am writing to you this letter  
requesting if you could appoint a Public Defender to file a Covid-19  
Compassionate Release Motion on my behalf with the Court. Thank You.

Date: ~~September~~ October 25, 2020

Sincerely,



Mohammad Abdelalah Al Barbarawi  
Reg. No. 52364-424

Moshannon Valley Corr. Fac.  
555 Geo Dr.  
Philipsburg, PA 16866

The Court is in receipt of Mr. Al Barbarawi's request for the appointment of counsel to assist with a compassionate release motion. (Dkt. #257). The Court observes that Mr. Al Barbarawi was represented by retained counsel before this Court, and that he has not completed a financial affidavit substantiating his entitlement to the appointment of counsel under the Criminal Justice Act. Accordingly, the Court will provisionally grant the appointment of counsel under these circumstances:

The CJA clerk shall identify a member of the CJA panel with an upcoming duty day who does not have any conflict in representing Mr. Al Barbarawi. That attorney will be appointed to represent Mr. Al Barbarawi for the purpose of assisting him, as appropriate, in the preparation of a compassionate release motion. This appointment, however, is contingent on the Court's receiving from Mr. Al Barbarawi a completed financial affidavit, using the attached form, on or before **December 4, 2020**.

The Clerk of Court is directed to mail a copy of this endorsement to Mr. Al Barbarawi at his address of record.

Date: November 10, 2020  
New York, New York

SO ORDERED.

A handwritten signature in blue ink, reading "Katherine Polk Failla".

HON. KATHERINE POLK FAILLA  
UNITED STATES DISTRICT JUDGE

# FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☐ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)  
IN THE CASE OF

\_\_\_\_\_  
v. \_\_\_\_\_  
\_\_\_\_\_

FOR \_\_\_\_\_  
AT \_\_\_\_\_

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)  
\_\_\_\_\_  
\_\_\_\_\_

CHARGE/OFFENSE (describe if applicable & check box→) ☐ Felony ☐ Misdemeanor  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Defendant - Adult

☐ Defendant - Juvenile

☐ Appellant

☐ Probation Violator

☐ Supervised Release Violator

☐ Habeas Petitioner

☐ 2255 Petitioner

☐ Material Witness

☐ Other (Specify) \_\_\_\_\_
- | DOCKET NUMBERS   |
|------------------|
| Magistrate Judge |
| District Court   |
| Court of Appeals |

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed								
		Name and address of employer: _____ <div><div>IF YES, how much do you earn per month? \$ _____</div><div>IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____</div></div>								
	OTHER INCOME	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <div><div>IF YES, how much does your spouse earn per month? \$ _____</div><div>If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____</div></div>								
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table><tr><th>RECEIVED</th><th>SOURCES</th></tr><tr><td>IF YES, give the amount received and identify the sources \$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr></table>	RECEIVED	SOURCES	IF YES, give the amount received and identify the sources \$ _____	_____	\$ _____	_____	\$ _____	_____
	RECEIVED	SOURCES								
IF YES, give the amount received and identify the sources \$ _____	_____									
\$ _____	_____									
\$ _____	_____									
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____									
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	<table><tr><th>VALUE</th><th>DESCRIPTION</th></tr><tr><td>IF YES, give value and description for each \$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr><tr><td>\$ _____</td><td>_____</td></tr></table>	VALUE	DESCRIPTION	IF YES, give value and description for each \$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
VALUE	DESCRIPTION									
IF YES, give value and description for each \$ _____	_____									
\$ _____	_____									
\$ _____	_____									
\$ _____	_____									

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS ____ Single ____ Married ____ Widowed ____ Separated or Divorced	Total No. of Dependents _____ _____	List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Date

FD/CJA/RET. ATTORNEY (PRINT)



APPROVED



DENIED

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE